PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effecti	Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nun	Application Number 10/574,270-Conf. #9754			ļ	
FEE TRANSMITTAL			Filing Date		January 22, 2007			
For FY 2009			First Named Inv	entor E	Eanna TIMONEY			
TOTT 2009			Examiner Name	1	T. R. Adams			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 3611					
TOTAL AMOUNT OF PAYMENT (\$) 1,110.00			Attorney Docket No. 1817-0170PUS1					
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILIN		ARCH FEES	EXAMIN	ATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity ) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)	
Utility	330	165 540	270	220	110			
Design	220	110 100	50	140	70			
Plant	220	110 330	165	170	85			
Reissue	330	165 540	270	650	325			
Provisional	220	110 0	0	0	0			
2. EXCESS CLAIM FEES							Small Entity	
Fee Description Each claim over 20 (include				Fee (\$) 52	Fee (\$) 26			
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims 390 195							1	
Total Claims			ee Paid (\$)	Paid (\$) Multiple Deper		dent Claims		
22 - 22 or HP	x			Fee	: (\$) <u>F</u>	ee Paid (\$	<u>a</u>	
HP = highest number of total cla	ims paid for, if g	reater than 20.						
	tra Claims		Fee Paid (\$)					
HP = highest number of indepen	Ment claims pair							
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
-100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S)							Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,110.00								
SUBMITTED BY A SUBMITTED BY								
Registration No. 29 290 Telephone (703) 205 2045								
Name (Print/Type) James M		Marien 1	( worney) igenty			······································		
Jame (Fill Viype) James IVI	. Siallery		<b>\</b>		Date	April 8, 2009		